

2014 – 2015 ARIZONA HIGHLY QUALIFIED ATTESTATION FORM INSTRUCTIONAL PARAPROFESSIONAL

(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)

To be completed by Instructional Paraprofessionals in Grades K-12 working in any Title I program or in a Title I school-wide school. Instructional paraprofessionals must complete the attestation form annually (and may not waive the option) since their information is not entered onto the Highly Qualified Teacher Position Input application online.

| Name: | | LEA: | | |
|--|--|---------|---|--|
| SSN (last 4 digits): | | School: | | |
| 1. Secondary school diploma or GED | | | | |
| 2. Check only ONE option below: | | | | |
| ☐ Holds an associate's (or higher) degree (attach copy) OR | | | | |
| Completed two years of study (equaling 60 or more credit hours) at an accredited institution of higher education (attach transcript; 100 level coursework and above); OR | | | | |
| ☐ Obtained a passing score on an ADE-approved assessment (attach score report): | | | | |
| ParaPro ACT Workkeys (requires Business Writing, Applied Math & Reading Comprehension test results) Master Teacher's Para Educator Learning Network | | | | |
| If you met the requirements for 1 and 2, under federal guidelines, you are considered qualified to work in a Title I Program or Title I School-Wide school. | | | | |
| ☐ Highly Qualified Paraprofessional ☐ Non-Highly Qualified Paraprofessional | | | | |
| I attest to the factual completion of this evaluation. | | | | |
| Signature of Paraprofessional | | Date | • | |
| Signature of Supervising Teacher #1 | | Date | • | |
| *Signature of Supervising Teacher #2 | | Date | 9 | |
| *Signature of Supervising Teacher #3 | | Date | 9 | |
| Printed Name of Principal | | | | |
| Signature of Principal | | Date | 9 | |

* Include additional teacher signatures if working with more than one. Each supervising teacher must be highly qualified in the core content area they are assigned to teach.